

## Credential Application

**Remit to:**  
**State of Wisconsin**  
**Department of Commerce-Credentialing**  
**P.O. Box 78780**  
**Milwaukee WI 53293-0780**  
*Phone (608) 261-8467*  
**TTY: Contact Through Relay**  
*E-mail: madisoncred@commerce.state.wi.us*  
*7:45 a.m. - 4:30 p.m.*

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU:**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

**Instructions:** Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

<b>Applicant Information</b>	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, E-mail Address:	

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date (mo/day/yr)

**Send application and payment to:** State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

**Overnight mail delivery and Office location:** State of Wisconsin, Department of Commerce-Credentialing 201 W. Washington Ave., Madison, WI 53703

**All other correspondence:** Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

## ELEVATOR INSPECTOR LICENSE

**Credential Fee (nonrefundable):** **\$120.00** class code 8260

Make checks payable to: Department of Commerce. The fee consists of a license fee of \$120. The credential will be effective for 4 years from the date of issuance.

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**Reason for Credential:** A person who holds a credential issued by the department as a licensed elevator inspector may administer and enforce the provisions of ch. Comm 18 as an authorized representative of the department or a municipality.

**Requirements of Credential:** A person who inspects elevators as a certified elevator inspector shall

- Maintain a record of the inspections made including the dates and the findings of the inspections;
- Provide a copy of the inspection record to the elevator owner or his or her agent; and
- Make available to the department upon request inspection records.
- Maintain his or her ASME QEI-1 certification.

A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

**Qualifications for Credential:** A person applying for the elevator inspector credential shall submit evidence that the person holds a certification as an American Society of Mechanical Engineers (ASME) for the Qualification of Elevator Inspector (QEI-1).

**ATTACH** to this form a photocopy of your current ASME QEI-1 elevator inspector certificate.

**Education Hours Required to Renew:** The renewal of a certification as an elevator inspector shall be contingent upon obtaining at least 24 hours of acceptable continuing education three months prior to the expiration date of their credential which is 4 years after the start date of your credential. A person who holds a license as an elevator mechanic may apply to the department for waiver of the continuing education requirements on the grounds of prolonged illness or disability or similar circumstances. Each application for waiver will be considered individually on its merits by the department.